| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004          |  |                                 |  |                           |             |                                  |              |                     | Application or Docket Number |                            |                     |                        |
|---|--|---------------------------------|--|---------------------------|-------------|----------------------------------|--------------|---------------------|------------------------------|----------------------------|---------------------|------------------------|
|   |  |                                 |  |                           |             |                                  |              |                     | 108                          | <u> 35</u>                 | 95 <b>0</b> 7       | 7 · · ·                |
| CLAIMS AS FILED - PART I  |  |                                 |  |                           |             |                                  |              | SMALL ENT           | rity                         | OR                         | OTHER<br>SMALL I    |                        |
| (Column 1) (Column 2)   |  |                                 |  |                           |             |                                  | 7            |                     |                              | 1                          |                     | <del></del>            |
| U.S. NATIONAL STAGE FEES  |  |                                 |  |                           |             |                                  | 4            | RATE                | FEE                          |                            | RATE                | FEE                    |
| BASIC FEE   |  |                                 | SMALL ENT. = \$ 150  |                           |             | E ENT. = \$ 300                  |              | BASIC FEE           |                              | OR                         | BASIC FEE           | 30                     |
| EXAMINATION FEE   |  |                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                      |                           |             | er situations =<br>100 / \$ 200  |              | EXAM. FEE           |                              |                            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |                                 | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200,/ \$ 400 |                           |             | her situations =<br>250 / \$ 500 |              | SEARCH FEE          |                              |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |                                 | minus 100 =  |                           |             | / 50 =                           |              | X \$ 125 ≓          |                              |                            | - X \$'250 =        | -                      |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | / minus 20 =   |                           | . <         |                                  |              | X \$ 25 =           |                              | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |                                 | minu   |                           | >           | ]                                | X \$ 100 =   |                     | OR                           | X \$ 200 =                 |                     |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                  | ESENT  |                           |             |                                  | + \$ 180 =   |                     | OR                           | + \$ 360 =                 |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2        |  |                                 |  |                           |             |                                  |              | TOTAL               |                              | OR                         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |  |                                 |  |                           |             | <b>.</b>                         | SMALL ENTITY |                     |                              | OTHER THAN OR SMALL ENTITY |                     |                        |
| AMENDMENT A   | 46   | REMAINING AFTER AMENDMENT       |  | NUMB<br>PREVIO            | ER<br>USLY  | PRESENT<br>EXTRA                 |              | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 12                            | Minus **   | 2                         | 0           | - (P)                            |              | X \$ 25 =           |                              | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | • /                             | Minus **   | <u>~</u>                  | -           | - (T)                            |              | X \$ 100 =          |                              | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |  |                           |             | ] [                              | + \$ 180 =   |                     | OR                           | + \$ 360 =                 |                     |                        |
|   |  |                                 |  |                           |             |                                  | •            | TOTAL ADDIT.<br>FFF |                              | ÖR                         | TOTAL ADDIT.<br>FFF |                        |
|   |  |                                 | ·  |                           |             |                                  |              |                     |                              | . :                        |                     |                        |
| . 7   |  | (Column 1)                      |  | (Colum<br>HIGHE           |             | (Column 3)                       | 1 [          |                     | 4001                         | ٠ (                        |                     | 4001                   |
| AMENDMENT 8   |  | REMAINING<br>AFTER<br>AMENDMENT |  | NUMB<br>PREVIOU<br>PAID F | USLY        | PRESENT<br>EXTRA                 |              | RATE                | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •                               | Minus **   | •                         |             | =                                |              | X \$ 25 =           |                              | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | •                               | Minus **   | •                         |             |                                  |              | X \$ 100 =          |                              | OR                         | X \$ 200 =          |                        |
|   | FIRST PRES                                     | ENTATION OF MI                  | ULTIPLE DEPEN  | DENT C                    | LAIM        |                                  |              | + \$ 180 =          |                              | OR                         | + \$ 360 =          |                        |
| •   |  |                                 |  |                           | _           |                                  | -            | TOTAL ÁDDIT.<br>FFF |                              | OR                         | TOTAL ADDIT.<br>FFF |                        |
|   |  |                                 |  |                           |             |                                  |              |                     |                              |                            |                     |                        |
|   |  |                                 |  |                           |             |                                  |              |                     |                              |                            |                     |                        |
| **  | If the "Highest Nu                             | mber Previously Paid            | entry in column 2, w<br>For IN THIS SPAC                                 | E is less                 | than '20',  | enter "20".                      |              |                     |                              |                            |                     |                        |
| ***   | If the "Highest Nu                             | mber Previously Paid            | For IN THIS SPAC<br>For (Total or Indepe                                 | E is less                 | than '3', o | enter "3".                       | d in the     | appropriate box     | in column 1.                 |                            |                     |                        |

**Application or Docket Number**